

Preview questionnaire

Radiofrequency ablation (RFA), cardiac sustained (more than 30 seconds) ventricular tachycardia

For Medicare Plus BlueSM, Blue Care Network commercial and BCN AdvantageSM

Effective Jan. 1, 2022

Radiofrequency ablation (RFA), cardiac sustained (more than 30 seconds) ventricular tachycardia

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: *93653, *93654, *93656

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See below for the questions you'll encounter in the e-referral system.

Q Does the patient have spontaneous monomorphic ventricular tachycardia and ALL of the following symptoms (A-D)? A. Presyncope or syncope by history. B. Palpitations. C. Chest pain or discomfort. D. Dyspnea.

A

Possible answers: Yes No N/A

Q Has the patient tried treatment with one of the following (A-C)? A. Recurrent or continued arrhythmia on antiarrhythmic medication. B. Antiarrhythmic medication contraindicated or not tolerated. C. Long-term antiarrhythmic medication not desired.

A

Possible answers: Yes No N/A

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<p>Q Did the patient have coronary artery disease evaluation by testing and ONE of the following (A-D)? A. No coronary artery disease or ischemia. B. Stenosis not significant enough to warrant revascularization. C. Percutaneous coronary intervention or coronary artery bypass graft performed at least 12 weeks ago. D. Lesion not amenable to revascularization.</p> <p>A <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Have transient or reversible causes of the arrhythmia been excluded ALL (A-E)? A. Drug toxicity. B. Electrolyte abnormalities. C. Thyroid disorders. D. Recent surgery. E. Myocardial ischemia.</p> <p>A <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Does the patient have ONE (A-C)? A. Bundle branch reentrant ventricular tachycardia. B. Ventricular tachycardia storm (urgent) that is not responding to medical treatment. C. Recurrent ventricular tachycardia within 12 weeks of a previous ablation.</p> <p>A <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Does the patient have recurrent ventricular tachycardia after implantable cardioverter defibrillator insertion and BOTH (A-B)? A. Change in drug treatment ineffective. B. Implantable cardioverter defibrillator reprogramming ineffective.</p> <p>A <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>